



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Allied Health Continuing Education

(323) 409-5911

collegeofnursing@dhs.lacounty.gov

Student COVID-19 Financial Assistance Request Form

By completing this request form, the student identified below is applying for the Higher Education Emergency Relief Fund (HEERF) under the CARES Act. Under Section 18004(c) of the CARES Act, these funds must be used for HEERF eligible expenses (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child-care).

Last Name

First Name

Phone Number

Email

Class

Have you completed FASFA

- ☐ Yes
☐ No

Please check all appropriate boxes as to how you've been affected financially by COVID-19: *

- ☐ School Supplies (textbooks, software, lab materials, etc.)
☐ Technology (internet access, computer, etc.)
☐ Food
☐ Housing
☐ Medical Bills
☐ Child Care Costs
☐ Other:

Please provide specific details/document/receipts/etc. based on the boxes you checked above: *

I understand the submission of this request does not guarantee financial assistance and every request is reviewed on a case-by-case basis

☐ Yes

By submitting this request form, you are certifying to the Los Angeles County College of Nursing and Allied Health that the information and documents provided are true and accurate.

Signature

Date

Submit request form and supporting documents (as applicable) to Sarah Granger at sgranger@dhs.lacounty.gov